



Demolition Permit Application

CITY OF LOWELL
216 NORTH LINCOLN STREET
LOWELL, AR 72745
(479)770-2185 / FAX (479)770-2106

FOR OFFICIAL USE ONLY Review Routing & Approval

Division	Sig. = OK	Date
Site Inspection By:		
Application Approved By:		

Applied Date: _____ Phone: _____

Responsible Party/Applicant/Contractor Name: _____

Applicant's Address: _____

Address of Property to be Demolished: _____

What was building's last use? _____

Will a new building be constructed on this site? Yes () No ()

If "Yes", what will be new building's use: _____

Owner of Property to be Demolished: _____
Owner's Address: _____
Owner's Phone Number: _____
Owner's Approval: _____ Date _____

Air, Asbestos, Lead Abatement per ADEQ (Regulation 21): Copy of N.O.I. Required
(For information go to www.adeg.state.ar.us/air/asb_lead/asbestos.htm)

How will site debris be disposed of? _____

Where will site debris be disposed of? _____

Utilities Disconnected	Yes	No
Gas/Propane		
Electricity		
Telephone		
Water		
Sewer/Septic Capped		
Cable TV		

(Signature of Contractor or Authorized Agent)

(Please Print Applicant Name)

(Date)

NOTE: TO SCHEDULE INSPECTIONS CALL 479/770-2185, EXTENSION 650